



**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY**

DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION

Overnight mail:

33 West State St, 9th Floor
Trenton, NJ 08608

U.S. Postal Service:

PO Box 034
Trenton, NJ 08625-0034

**PROFESSIONAL SERVICES
PREQUALIFICATION APPLICATION FORM 48A (1/09)**

NEW DISCIPLINE -- Energy Auditing, discipline # 51.

PLEASE DO NOT DOUBLE SIDE THIS DOCUMENT.

After you have saved this document to your computer, BE SURE to click on the TOOLS menu which appears on the upper MicroSoft toolbar and UNPROTECT this form. This will allow you to type the firm's information without unwanted letters, symbols or underlining.

If the firm has completed previous versions of Form 48A, please ensure that you use the revised pages/sections of this form – specifically, Sections 1 - 11, 16, 17 & 18.

If you have any questions about the process, contact the Consultant Prequalification Unit at 609-984-6979.

12. ORGANIZATION CHART (Include offices in boxes 1 & 9 as well as the parent firm, if applicable)

13. FIRM'S NEW JERSEY LICENSED STAFF LOCATED IN THE OFFICES LISTED IN BOXES 1 AND 9

[illegible]

14. BRIEF RESUME OF ALL PRINCIPALS AND KEY PERSONNEL (RESUMES MUST BE ON THIS FORM)			
A. NAME AND TITLE		A. NAME AND TITLE	
B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS:		B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS:	
C. ACTIVE REGISTRATION:		C. ACTIVE REGISTRATION:	
DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.
DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.
DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.
D. BRIEF RESUME:		D. BRIEF RESUME:	

ATTACH AS MANY OF THESE PAGES OF RESUMES AS NECESSARY

15. STOCKHOLDER/COMMON DISCLOSURE

List below the names, home addresses, dates of birth, social security numbers, offices held and ownership interest of all **individuals, partnerships, corporations or any other owner** with 5% or more interest in the firm named in Box 1 of this Form 48A. If additional space is necessary, list on an attached sheet.

[illegible]

GROSS FEES FROM CONTRACTS ENTERED INTO IN THE PAST 5 YEARS:

	<i>From All Entities (Including Private Sector)</i>	<i>From State Government Entities</i>	<i>From Local Government Entities</i>	<i>From Federal Government. Entities</i>	<i>Comments or additional information</i>
Year Most recent yr.	\$	\$	\$	\$	
Year					
Year					
Year					
Year					

15. STOCKHOLDER/Common Disclosure continued...

- | | |
|--|--|
| a) Is the applicant firm identified in Box 1 of this application owned by any other company and/or corporation?
<i>(If yes, please complete a separate disclosure form, both pages, for the parent company.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Within the past 5 years, has the applicant firm been owned by another company or firm?
<i>(If yes, please complete a separate disclosure form for the parent company.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Have any principals listed in this application ever been arrested, charged, indicted or convicted of a crime?
<i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Has any person or entity listed in this application ever been suspended, debarred or otherwise declared ineligible, by any agency of government, from contracting to provide services, labor, material or supplies?
<i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Has any federal, state or local government license, permit or other similar authorization necessary to perform the work applied for herein, and held or applied for by any person or entity listed in this form been suspended or revoked, or is the subject of any ending proceedings specifically seeking or litigating the issue of suspension or revocation?
<i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Are there currently any administrative, civil or criminal matters pending in any federal, state or local government jurisdiction in which the firm or its principals or key personnel are involved?
<i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Has the applicant firm been denied pre-qualification in the past five years under this name or another?
<i>(If yes, attach an explanation for each instance.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) At present or during the past 5 years, have any of the principals or key personnel of the applicant firm served as a principal or key personnel or owned 5% or more of any other firm (including firms that are inactive or have been dissolved)?
<i>(If yes, give name, name of firm, position held, % owned, remainder owned by, and dates owned.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Has the applicant firm, its affiliate or any of its principals or key personnel been a party to a bankruptcy or re-organization proceeding?
<i>(If yes, provide caption, date, docket number, court and county.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) In the past 5 years has the applicant firm or any of its affiliate firms: | |
| (a) Had a contract terminated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Been given a final unsatisfactory performance rating on a specific project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Had liquidated damages assessed against it in connection with a contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Engaged in any litigation with regard to any contract?
<i>(If yes to any of the above, explain.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Do any of the principals of the applicant firm have an ownership interest in any other entity, which is in the same line or business for which the firm is now seeking pre-qualification? <i>(If yes, identify the name, address and federal tax ID number for such entity and the nature of the ownership interest.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

16. Financial Statement Information – the applicant firm must submit one of the following:

REQUIRED INFORMATION

(See “Instructions for Form 48A” Page 5, Box – 16)

FINANCIAL STATEMENTS MUST BE COMPLETED BY AN ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT AND MUST BE ACCOMPANIED BY A COPY OF THE ACCOUNTANT’S SIGNED COVER LETTER/REPORT.

Preferred

- Audited Financial Statements for last two years including:
 - Auditor’s reports
 - Balance Sheets
 - Statements of Income & Retained Earnings
 - All footnotes to these statements
- Corporate Annual Report (if applicable)

If not available, then

- Reviewed Financial Statements for last two years including:
 - Balance Sheets
 - Statements of Income and retained earnings
 - All footnotes to these statements

If not available, then

- Compilations for last two years including:
 - Balance Sheets
 - Statements of income and retained earnings
 - All footnotes to these compilations

17. PROFESSIONAL TECHNICAL DATA

INSTRUCTIONS: 1. Place an "X" in Column A for those specialties/disciplines for which the firm is seeking prequalification.
 2. Indicate the number of staff members in the appropriate boxes in columns E&F working full time in each specialty/discipline.
 3. Indicate the total Professional/Technical Staff for each Specialty/Discipline in Column "G"
 4. For discipline 29, Construction Management, see definition bottom of page 9.

A	B	C	D	E OFFICE TO BE PREQUALIFIED (LISTED IN BOX 1, PAGE 1)		F SATELLITE OFFICE (LISTED IN BOX 9, PAGE 1)		G
REQSTD <input type="checkbox"/>	CODE	SPECIALTY/DISCIPLINE	TITLES OF PROFESSIONAL/TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	(E+F) TOTAL STAFF
<input type="checkbox"/>	01	ARCHITECTURE	ARCHITECTS					
<input type="checkbox"/>	02	ELECTRICAL ENGINEERING	ELECTRICAL ENGINEERS					
<input type="checkbox"/>	03	HVAC ENGINEERING	HVAC ENGINEERS					
<input type="checkbox"/>	04	PLUMBING ENGINEERING	PLUMBING ENGINEERS					
<input type="checkbox"/>	05	CIVIL ENGINEERING	CIVIL ENGINEERS					
<input type="checkbox"/>	06	SANITARY ENGINEERING	SANITARY ENGINEERS					
<input type="checkbox"/>	07	STRUCTURAL ENGINEERING	STRUCTURAL ENGINEERS					
<input type="checkbox"/>	08	MECHANICAL ENGINEERING - ELEVATORS, CONVEYORS, OTHER MECHANICAL SYSTEMS	MECHANICAL ENGINEERS					
<input type="checkbox"/>	09	SOILS ENGINEERING	SOILS ENGINEERS					
<input type="checkbox"/>	10	FIRE PROTECTION ENGINEERING	FIRE PROTECTION ENGINEERS					
<input type="checkbox"/>	11	ENVIRONMENTAL ENGINEERING	ENVIRONMENTAL ENGINEERS					
<input type="checkbox"/>	12	MARINE ENGINEERING	CIVIL ENGINEERS					
<input type="checkbox"/>	13	LANDSCAPE DESIGN	LANDSCAPE ARCHITECTS					
<input type="checkbox"/>	14	PLANNING	PLANNERS					
<input type="checkbox"/>	15	LAND SURVEYING	SURVEYORS					
<input type="checkbox"/>	16	AERIAL SURVEYING	SURVEYORS					
<input type="checkbox"/>	17	HYDROGRAPHIC SURVEYING	ENGINEERS/SURVEYORS/ HYDROLOGISTS					
<input type="checkbox"/>	18	FIRE & LIFE SAFETY RENOVATIONS	ARCHITECTS/ENGINEERS					
<input type="checkbox"/>	19	BUILDING COMMISSIONING	ENGINEERS/TECHNICIANS					
<input type="checkbox"/>	20	BOILER/STEAM LINES/HIGH PRESSURE SYSTEMS	ENGINEERS					
<input type="checkbox"/>	21	DAM/LEVEE DESIGN	CIVIL ENGINEERS					
<input type="checkbox"/>	24	BARRIER FREE/ADA DESIGN	ARCHITECTS/ENGINEERS					
<input type="checkbox"/>	25	ESTIMATING/COST ANALYSIS	ESTIMATORS					
<input type="checkbox"/>	27	INTERIOR DESIGN SPACE PLANNING	INTERIOR DESIGNERS					
<input type="checkbox"/>	28	ROOFING INSPECTION	ROOFING INSPECTORS					

17. PROFESSIONAL TECHNICAL DATA, continued...								
A	B	C	D	E OFFICE TO BE PREQUALIFIED (BOX 1, PAGE 1)		F SATELLITE OFFICE (BOX 9, PAGE 1)		G
REQSTD <input checked="" type="checkbox"/>	CODE	SPECIALTY/DISCIPLINE	TITLES OF PROFESSIONAL/TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	(E+F) TOTAL STAFF
<input type="checkbox"/>	29	CONSTRUCTION MANAGEMENT	CONSTRUCTION MANAGERS ***					
<input type="checkbox"/>	30	CPM SCHEDULING	SCHEDULERS					
<input type="checkbox"/>	31	ARCHAEOLOGY	ARCHAEOLOGISTS					
<input type="checkbox"/>	32	GEOLOGY	GEOLOGISTS					
<input type="checkbox"/>	33	VALUE ENGINEERING	ARCHITECTS/ENGINEERS/ESTIM ATORS					
<input type="checkbox"/>	34	HISTORICAL PRESERVATION/ RESTORATION	ARCHITECTS					
<input type="checkbox"/>	35	ROOFING CONSULTANT	ARCHITECTS/ENGINEERS					
<input type="checkbox"/>	36	ACOUSTICS	ACOUSTICIANS					
<input type="checkbox"/>	37	ASBESTOS MANAGEMENT & DESIGN	AHERA ACCREDITED MANAGEMENT PLANNER					
<input type="checkbox"/>	38	ASBESTOS SAFETY CONTROL MONITORING	ASBESTOS SAFETY TECHNICIANS (FIRM & AST MUST BE CERTIFIED BY DCA)					
<input type="checkbox"/>	39	CLAIMS ANALYSIS	CLAIMS ANALYSTS/ESTIMATORS					
<input type="checkbox"/>	40	TELECOMMUNICATIONS	TELECOMMUNICATION SPECIALISTS					
<input type="checkbox"/>	41	EXHIBIT/INTERPRETATIVE DESIGN	INTERPRETIVE DESIGNERS					
<input type="checkbox"/>	42	FEASIBILITY/MASTER PLANNING	PLANNERS/ARCHITECTS/ ENGINEERS					
<input type="checkbox"/>	43	FIRE DETECTION SYSTEMS	FIRE DETECTION SPECIALISTS					
<input type="checkbox"/>	44	FIRE PROTECTION SYSTEMS	FIRE PROTECTION SPECIALISTS					
<input type="checkbox"/>	45	FOOD SERVICE	FOOD SERVICE CONSULTANTS					
<input type="checkbox"/>	46	HYDRAULICS/PNEUMATICS	HYDRAULIC ENGINEERS					
<input type="checkbox"/>	47	HYDROLOGY	HYDROGEOLOGISTS					
<input type="checkbox"/>	48	SECURITY SYSTEMS	SECURITY SYSTEM CONSULTANTS					
<input type="checkbox"/>	49	SITE PLANNING	PLANNERS/ARCHITECTS/ ENGINEERS					
<input type="checkbox"/>	50	HISTORIC PRESERVATION CONSULTANT	ARCHITECTURAL HISTORIANS/ RESEARCHERS					

*** A Construction Manager provides professional services and overall management of the construction-related elements of a project including advice and recommendations to the OWNER during pre-design, design and construction. The CM does not self-perform any of the work.

17. PROFESSIONAL TECHNICAL DATA, continued...								
A	B	C	D	E OFFICE TO BE PREQUALIFIED (LISTED IN BOX 1, PAGE 1)		F SATELLITE OFFICE (LISTED IN BOX 9, PAGE 1)		G
REQSTD <input checked="" type="checkbox"/>	CODE	DISCIPLINE/SPECIALTY	TITLES OF PROFESSIONAL/TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	(E+F) TOTAL STAFF
<input type="checkbox"/>	51	ENERGY AUDITING	ENGINEERS OR ENERGY CONSULTANTS					
<input type="checkbox"/>	52	TRAFFIC	TRAFFIC ANALYSTS					
<input type="checkbox"/>	53	TRANSPORTATION	CIVIL ENGINEERS					
<input type="checkbox"/>	54	WASTE/WATER TREATMENT	CIVIL/SANITARY ENGINEERS					
<input type="checkbox"/>	55	ENERGY MANAGEMENT CONTROL SYSTEMS	HVAC/ELECTRICAL ENGINEERS					
<input type="checkbox"/>	56	RENEWABLE ENERGY CONSULTANT	RENEWABLE ENERGY SPECIALISTS					
<input type="checkbox"/>	57	CONSTRUCTION FIELD INSPECTION	FIELD INSPECTORS					
<input type="checkbox"/>	58	PROJECT MANAGEMENT	PROJECT MANAGERS					
<input type="checkbox"/>	59	ENVIRONMENTAL CONSULTANT	ENVIRONMENTAL SPECIALISTS					
<input type="checkbox"/>	60	UNDERGROUND STORAGE TANK REMOVAL	DEP CERTIFIED SPECIALISTS (SSE) AND DEP CERTIFIED FIRM					
<input type="checkbox"/>	61	UNDERGROUND STORAGE TANK INSTALLATION	ENGINEER (DEP FIRM CERTIFIED)					
<input type="checkbox"/>	62	PERIMETER SECURITY FENCING	SECURITY SYSTEM SPECIALISTS					
<input type="checkbox"/>	63	INDOOR AIR QUALITY	INDUSTRIAL HYGIENISTS					
<input type="checkbox"/>	64	LANDFILL CLOSURE	ENVIRONMENTAL ENGINEERS					
<input type="checkbox"/>	65	LEAD PAINT EVALUATION/ INSPECTION	DOH CERTIFIED TECH (DCA FIRM CERTIFIED)					

Note: In order to receive a prequalification rating for a specific discipline/specialty, qualified staff must be listed in column “E”. Additional credit will be given for any other staff listed in column “F”.

18. IN ORDER TO ACHIEVE A PREQUALIFICATION RATING IN A SPECIFIC SPECIALTY/DISCIPLINE, A **MINIMUM** OF THREE (3) PROJECTS MUST BE LISTED; TWO (2) OF WHICH HAVE BEEN COMPLETED AND OCCUPIED. IT IS ADVISABLE TO LIST LARGE PROJECTS TO JUSTIFY A HIGHER PRE-QUALIFICATION RATING. IN THE CASE OF STUDIES OR MASTER PLANS, LIST A MINIMUM OF THREE (3) PROJECTS WITH THE CONSTRUCTION COST ESTIMATE OR THE FEE YOUR FIRM RECEIVED FOR THIS SERVICE. ALL PROJECTS MUST HAVE BEEN COMPLETED WITHIN THE PAST TEN (10) YEARS. PRINCIPALS OR PARTNERS IN THE APPLICANT FIRM MAY ONLY INCLUDE EXPERIENCE GAINED IN A PREVIOUS FIRM IF THEY WERE A PRINCIPAL IN THAT FIRM. **LIST ONLY INDIVIDUAL PROJECTS** (District wide, various locations, indefinite or term contracts will not be considered.).

A/E Indicates services performed as the Architect or Engineer of record

S/C Indicates services performed as a Sub-Consultant to an A/E of record

JV Indicates services as part of a Joint Venture

CM Indicates services performed as the owner's representative managing & monitoring project design & construction

DISCIPLINE/ SPECIALTY TYPE (use codes from box 17, column B)	A/E, S/C JV, CM	PROJECT NAME LOCATION & BRIEF DESCRIPTION	PROJECT OWNER, CONTACT PERSON & PHONE NUMBER	ESTIMATED COST		MONTH & YEAR WORK COMPLETED
				ENTIRE PROJECT	WORK FOR WHICH FIRM RESPONSIBLE	

19. RANK ORDER OF YOUR FIRM'S **EXPERTISE** FOR VARIOUS BUILDING TYPES FROM 1 TO 20 (1= HIGHEST). DO NOT USE ANY NUMBER MORE THAN ONCE, UNLESS ACCOMPANIED BY A LETTER OF EXPLANATION AND SUPPORTED BY YOUR PROJECT EXAMPLES LISTED IN BLOCK 18. INCLUDE THE APPROXIMATE NUMBER OF PROJECTS YOU HAVE BEEN INVOLVED IN OVER THE PAST 10 YEARS FOR EACH BUILDING TYPE SELECTED.

RANK ORDER	NO. OF PROJECTS	CODE	BUILDING TYPE	RANK ORDER	NO. OF PROJECTS	CODE	BUILDING TYPE
		75	CHILD CARE FACILITIES			85	MEDICAL/HEALTHCARE FACILITIES
		76	RADIO/TV FACILITIES			86	OFFICE FACILITIES
		77	COMPUTER FACILITIES			87	PARKS
		78	CORRECTIONAL FACILITIES			88	RECREATIONAL FACILITIES
		79	DAMS, DIKES, LEVEES			89	RESIDENTIAL FACILITIES
		80	SCHOOL FACILITIES			90	SITE ENGINEERING/ROADWAY/PAVING
		81	LABORATORIES/RESEARCH FACILITIES			91	THEATERS
		82	LIBRARIES/MUSEUMS			92	WAREHOUSE/INDUSTRIALS FACILITIES
		83	MAINTENANCE FACILITIES			93	WASTEWATER TREATMENT FACILITIES
		84	MARINAS/BULKHEADS			94	HISTORICAL PRESERVATION/ RESTORATION

20. INCLUDE INFORMATION OR DESCRIPTIONS OF ACHIEVEMENTS AND AWARDS RECEIVED
(Attach a separate sheet if necessary)

21. IDENTIFY INSURANCES CURRENTLY HELD BY YOUR FIRM:		
TYPE	CARRIER, AGENT ADDRESS, NAME AND PHONE NUMBER	POLICY LIMITS
Workers Compensation		
Multiple Peril		
Vehicle		
General Liability		
Medical		
Professional Liability		
Other:		

22. CERTIFICATION OF PRINCIPALS:

CERTIFICATION

Each **Principal** identified in Box 14 must complete this certification. **Certifications must be notarized when signed.**

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION WILL SUBJECT THE APPLICANT FIRM TO CIVIL AND CRIMINAL PENALTIES AVAILABLE AT LAW.

I _____, being duly sworn, state that I am _____ of _____, and that I
(full name) (title) (firm name)
have read and understood the questions contained in the attached application and its appendices.

I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful.

I acknowledge that the New Jersey Department of the Treasury may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.

I recognize that all the information submitted is for the express purpose of inducing the Department of the Treasury to pre-qualify the applicant, award a contract and/or allow the applicant to participate in professional consultant services contracts.

I agree and warrant that truthfully answering the questions on this application is an event entirely within my control.

I understand and agree that the application and all supporting documentation filed with the Department of the Treasury shall become the property of the Department of the Treasury.

I authorize the Department of the Treasury to contact any entity or person named in the application for purposes of verifying the information supplied by the applicant.

Sworn to before

_____/_____
Name (print) Date

This _____ day of _____

_____/_____
Original Signature Title

Original Signature _____
NOTARY PUBLIC

23. CERTIFICATION BY PREPARER

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the New Jersey Department of the Treasury is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Department of the Treasury to notify the Department of the Treasury in writing of any changes to the answers or information contained herein. A material false statement or omission made in connection with this application will subject the applicant firm and me to civil and criminal penalties available at law. I authorize the Department of the Treasury to verify any answer(s) contained herein, to investigate my background and credit worthiness and of the firm stated herein and to enlist the aid of third parties in its investigative process.

I, being duly authorized, certify that the information supplied above, including all attached pages, is complete and correct to the best of my knowledge.

ATTESTED: Sworn and subscribed to before me

on the _____ day of _____

Original Signature: _____ **Date:** _____

PRINT OR TYPE Name: _____

Original Signature: _____

Title: _____

NOTARY PUBLIC

Send completed 48A to:
DEPARTMENT OF THE TREASURY
Division of Property Management & Construction
Consultant Prequalification

Overnight mail:
33 West State St, 9th Floor
Trenton, NJ 08608

U.S. Postal Service:
PO Box 034
Trenton, NJ 08625-0034

Affix
Corporate
Seal
If applicable